

chapters on diet and hygiene of diseases of the skin, and therapeutics of diseases of the skin.

The classification employed by Dr. Bulkley is essentially that of the American Dermatological Association, now the acknowledged standard in this country, and very like Hebra's classification, which is employed in Germany, and which is winning its way also in France and England. It is indeed a happy day which appears to be dawning in the dermatology of the present, when all the chief teachers of this branch of medicine unite in employing the same classification, and to a very considerable degree a similar nomenclature. This plan, as followed in Dr. Bulkley's book, will enable the student who has made use of it during his studies and in connection with his class instruction, to pass without confusion from it to Duhring when he desires to push his studies further. We regret, however, to observe here and there the use of obsolete and confusing terms, as "syphilitic psoriasis." It would be well if this lumber were once for all put away out of sight.

The discussion of the various affections is brief and terse, but clear, the fault, if any is to be found, lying in the too frequent introduction of synonyms and unnecessarily minute subdivisions, a course which loads the text with those quantities of new names so discouraging to the beginner. The treatment in each case is indicated in a general way in the text, and reference is made by number to the appropriate formulæ to be found at the end of the book.

On the whole, this little work is the best of its kind thus far presented to the profession, and is in all respects far superior to the manuals sent over by our English brethren, upon which we have heretofore been obliged to depend.

A. V. H.

ART. XXX.—*A Treatise on the Diseases of the Nervous System.* By JAMES ROSS, M.D., M.R.C.P. London, etc. In two volumes. Vol. I. pp. 594, and Vol. II. pp. 998. New York: William Wood & Co., 1881.

THIS is a very ambitious attempt to give an account of the anatomy, physiology, and diseases of the nervous system. There are, in the two volumes, 1600 pages nearly, 285 cuts, and 6 plates. The anatomical descriptions and the illustrative cuts are, for the most part, taken from Landois, Henle, Kölliker, Charcot, Duret, Ferrier, and other well-known sources. The illustrations are, generally, well done. Although having an American imprint, the printing was, no doubt, executed in England. It seems to us a mistake to have so great a disproportion between the two volumes in size—the second volume being nearly twice the size of the first. The necessity for such an arrangement is not apparent, since the "Special Pathology of the Nervous System" is continued from Volume I. Viewed as a whole, the work must be regarded as a treasury of information collected, as we will see, from convenient sources. Symptoms of an intellectual indigestion are manifested abundantly, and heaviness from repletion is an obvious condition of the work. The author seems to us to have laboured over his task, to have carried it along as a grievous burden, and to have been borne down almost by the mass of materials.

In the preface we find the author saying that he contemplated a full bibliography, but abandoned it, in consequence of the great dimensions to which the work had grown. He, however, gives a list of the works in which a full bibliography may be found. We regret to be compelled to add that he has made an unwarrantable use of some of the references in this list, and has displayed a wealth of bibliographical acquirement for which he is indebted to others. We find, especially, that he has not only plagiarized references, but has transcribed paragraphs and sentences without acknowledgment. Several volumes of Ziemssen's *Cyclopædia* have been made use of with a freedom which only a liberal application of quotation marks could warrant. We select some of those to indicate the mode in which a big book may be constructed with little more than mechanical dexterity.

We may begin our examination at various points, but let us first take up Poliomyelitis Anterior Acuta; see page 122, vol. ii. of Ross, and p. 671 vol. xiii. of Ziemssen (Am. ed.).

Ross, ii. pp. 122-3.

The other most notable cases which have been reported at an early period of the disease are those of Roger and Damaschino, Roth, Leyden's second case, Parrot, and Joffroy, and a case briefly reported by Rinecker, which was examined by Von Recklinghausen. No marked changes were discovered in the cord with the naked eye. In some cases the substance of the cord seemed tougher at the level of the cervical or lumbar enlargements, and the antero-lateral column on the affected side appeared atrophied and distorted. On transverse section the anterior gray horns were observed to be more or less discoloured, whitish or reddish, sometimes soft, diffuent, and diminished in volume. The anterior roots at the level of the parts mainly affected were found gray, translucent, and atrophied. . . . In the lumbar region, sometimes on one side only, but usually both sides, an area of softening has been found, in the anterior gray horn, sometimes extending the whole length of the lumbar enlargement, and sometimes only a portion of it in longitudinal extent. The area of softening was sometimes situated toward the centre, sometimes toward the anterior part of the horn, being separated from the surrounding parts by a sharp line of demarcation. . . . The substance of these areas was friable, soft, and disseminated with numerous granulation cells. . . . The nerve fibres and axis cylinders within the area of softening were also found to have entirely disappeared.

ERB, Ziemssen, vol. xiii. p. 671.

Observations made *at an early period of the disease* (Roger and Damaschino, Roth, Leyden's second case, Parrot, and Joffroy, probably also the case very briefly reported by Rinecker and examined by Von Recklinghausen) show that sometimes nothing abnormal about the spinal cord can be discovered by the naked eye; sometimes the substance of the cord seemed tougher at the height of the cervical or lumbar enlargements, and there was a slight dwindling of the cord, especially at the expense of the antero-lateral columns. On making a transverse section, the markings were somewhat indistinct, the anterior gray substance was more or less discoloured, whitish or reddish, sometimes soft and diffuent; sometimes a diminution in volume of the anterior gray horns can be shown. The anterior roots—corresponding to the main seat of the disease—are gray, translucent, and atrophied . . . particularly at the lumbar enlargement. Here we find, usually on both sides, though sometimes only on one side, an area of softening in the anterior gray horn of greater or less longitudinal extent . . . sometimes situated more towards the centre, sometimes more towards the front of the horn, and is separated from the surrounding parts by a more or less sharp line of demarcation. . . . Their substance is friable, soft, and disseminated with numerous granulation cells. . . . The nerve fibres and axis cylinders within the area of softening are also found to have entirely disappeared.

ROSS, *Ibid.*, p. 124.

The anterior roots are diminished in size, and show signs of degenerative atrophy when examined microscopically. Observations have been made, from seventeen to sixty-one years after the origin of the disease, by Cornil, Prevost and David, Vulpian, Lockhart Clarke, Charcot and Joffroy, Petit fils and Pierret, Leyden, Gombault, Déjerine, F. Schultze, and others.

These extracts are fair specimens of the close adherence of Ross to the work of Erb. In fact, the matter contained in the pages 111 to 126 inclusive, on the subject of poliomyelitis anterior acuta, are almost entirely taken from Erb, some changes of expression being introduced now and then. We do not find any allusion to Erb, any quotation marks, or other evidences of indebtedness. In the chapter on myelitis the appropriations are numerous and extensive. Some alterations in phraseology are occasionally made, but sentences and whole paragraphs are appropriated and exactly reproduced. If the reader will now turn to the chapter on myelitis in Ross's book, and compare it with Erb's treatment of the same subject in Ziemssen's *Cyclopædia*, vol. xiii. page 393 *et seq.*, he can verify the extracts below.

ROSS, *Ibid.*, p. 399.

As the disease progresses, the affected parts become paler and softer. . . . The change of colour from red to yellow is due partly to the diffusion and alteration of the colouring matter of the blood, and partly to the fatty degeneration of the medullary sheaths, and the formation of masses of fat granules. . . .

Owing to the continued process of fatty degeneration, the colour becomes progressively whiter, and the diseased portions assume a creamy or milky appearance. The medulla now swells up above the cut surface and assumes a pulpy or even fluid consistence, and often flows out of the sac of the pia mater. After a time nothing remains of the inflamed spot but the vascular network and a portion of the hypertrophied septa, between which a softened mass is held that can be readily pressed out.

Page 280.

The absorption of the softened masses continues until all the fluid portions have completely disappeared. Nothing remains but the vascular and connective-tissue network, which are in part thickened and hypertrophied. They

ERB, *Ibid.*, p. 673.

The anterior roots are diminished in size, atrophied, and under the microscope show the signs of degenerative atrophy. . . . We have such observations, made between seventeen and sixty-one years after the origin of the disease, by Cornil, Prevost, Vulpian, Lockhart Clarke, Charcot and Joffroy, Petit fils and Pierret, Leyden, cases 1 and 3, Gombault, Déjerine, F. Schultze, and others.

ERB, *Ibid.*, p. 394.

As the disease progresses the affected spot becomes constantly paler and more and more softened. Its colour changes gradually from red to yellow; this change is due partly to the diffusion and alteration of the colouring matter of the blood, partly to the fatty degeneration of the medullary sheaths, and the formation of masses of fat granules. . . .

In consequence of the accumulation of fatty detritus, the colour becomes progressively whiter, and the entire substance assumes a creamy or milky appearance. . . . The medulla swells up very much above the cut surface, acquires a pulpy, even a more fluid consistency, and often flows out of the sac of the pia entirely. . . . At last nothing remains of the diseased spot but the vascular network and a portion of the hypertrophied septa, between which is a softened mass that can readily be pressed out.

Page 395.

The resorption of the softened masses continues until finally all the fluid portions have completely disappeared. Nothing remains but the vascular and connective-tissue networks, which are in part thickened and hypertrophied;

form a more or less dense, shrivelled, grayish, semitransparent cicatrix which is often pigmented. . . .

More or less extensive collections of fluid may be left behind in the meshes of the cicatrix, and lead to the formation of single or multiple cysts. They usually contain a muddy fluid resembling milk, or more frequently serum. . . .

In some cases the interstitial tissue becomes hypertrophied and consolidated. It increases in thickness and density; the vessels become larger and their walls thicker; the previously softened spot becomes firmer and denser, gray, and semitransparent, and presents a marked contrast in colour and consistency with the surrounding parts.

Page 281.

In the first stage there is marked dilatation of the capillaries and small arteries, and more especially of the small veins. They are distended with blood, and not unfrequently enveloped in layers of white and red blood-corpuscles arranged in the form of a sheath. . . .

Marked changes are found in the neuroglia. The fibres of the reticulum are thickened and swollen; the network is much denser and more distinct, and in part filled with nuclei and with cells. The glia cells themselves are swollen and increased in number, and often contain several nuclei. Granule-cells in greater or less number are found either in the immediate neighbourhood of the vessels or scattered irregularly in the interstitial tissue and its meshes.

The same careful appropriation of Erb's work extends on through this section for several pages. The reader may also compare Ross's description of the "Symptoms," beginning on page 273 (vol. ii.) and ending on 277 inclusive, with Erb's account, from page 402 to page 414; also the "Diagnosis" by Ross, p. 289, and the same by Erb, p. 419; and the "Prognosis" by Ross, p. 290, and the same by Erb, pp. 420 and 421. In these portions of the two works the same correspondence will be found; sentences, paragraphs, and current references are utilized by Ross, with trivial variations, from Erb's text.

If our readers will now also compare the chapters in the two works on *Tabes Dorsalis*, remarkable and extensive correspondences will be seen. We could transcribe pages, but it is useless to encumber our columns with so much. The comparison may readily be made by any one interested in the demonstration. We begin at the morbid anatomy.

they form a more or less dense, shrivelled, grayish, semitransparent cicatrix, which is often flecked with pigment. . . .

. . . More or less extensive collections of fluid are left behind in the framework of the cicatrix, and lead to the formation of single or multiple, large or small cysts. They usually contain a muddy fluid resembling milk, or more frequently serum.

In many cases, on the contrary, the interstitial supporting framework becomes in course of time greatly hypertrophied and consolidated. It increases in thickness and density; the vessels become larger, and their walls thicker; the previously softened spot becomes firmer and denser, gray, and semitransparent, and presents a marked contrast in colour and consistency to the surrounding parts.

Page 396.

In the first stage we find marked dilatation of the capillaries and small arteries, and more especially of the small veins; they are distended with blood, and not unfrequently enveloped in layers of white and red blood-corpuscles arranged in the form of a sheath.

Marked changes are always found in the neuroglia. The fibres of the reticulum are thickened and swollen; the network is much denser and more distinct, and it is in part filled with nuclei and cells. The glia cells themselves are swollen and increased in number; they often contain several nuclei. . . . We generally find granule-cells in greater or less numbers, partly in the immediate neighbourhood of the vessels, partly scattered irregularly in the interstitial tissue and its meshes.

ROSS, *Ibid.*, p. 237.

. . . A gray or grayish-yellow discoloration may be observed along the posterior median fissure extending almost the entire length of the cord.

Page 238.

. . . In the inferior portion of the lumbar enlargement there is frequently only a slight gray discoloration in the external half of the posterior columns; but on ascending it increases in width, so that in the upper half of the lumbar enlargement the discoloration embraces the entire transverse section of the posterior columns. The whole of the posterior columns are usually affected throughout the entire length of the dorsal region, but its extent diminishes again in the cervical portion, and the degeneration becomes limited in the upper cervical region to the columns of Goll. As a rule, the intensity and extent of the morbid process is greatest in the upper lumbar and dorsal portions, diminishing both upwards and downwards from these points.

If the reader will now take up the symptoms, he will find that nearly every sentence in Ross's account is to be found in Erb's. The only place where Erb is credited with any statement is on page 224, where his name appears in brackets. We might illustrate the method of manufacture by some extracts, but we have devoted enough space to these few pages. In Chapter III. of the second volume, at page 511, Ross begins the consideration of "focal diseases" by an account of "Occlusion of the Cerebral Arteries." In *Ziemssen's Cyclopædia*, vol. xii., this topic is discussed by Nothnagel. We find here a close correspondence, but, as Ross gives much less space to the subject, he more often paraphrases. As a specimen of this, and to exhibit the mode of his bibliography, we quote the following:—

ROSS, p. 517, vol. ii.

Experimental Investigations.

The first experimental researches with respect to the embolic process were undertaken by Virchow, and great additional light has been thrown on the subject by the important experimental and microscopical investigations of Cohnheim. Pamm studied experimentally the results of occlusion of cerebral vessels with the view of determining the manner in which death is caused. B. Cohn investigated experimentally various clinical and anatomical points; Feltz studied the results of capillary embolism; while Prévost and Cotard made a series of experiments with the view of determining the relation of occlusion of cerebral vessels to softening.

ERB, *Ibid.*, p. 531.

. . . We may recognize a gray or yellowish-gray discoloration along the posterior median fissure, at both sides of the same, extending almost throughout the entire length of the spinal cord.

Page 532.

. . . In the lowest lumbar division we often see but a slight gray discoloration in the external half of the columns; this increases in width as we ascend, until finally, in the upper half of the lumbar enlargement, the entire transverse section of the posterior columns appears discoloured; this then generally continues upwards throughout the entire dorsal portion, again to diminish in the cervical portion, and finally to be limited to the columns of Goll. In the majority of cases, therefore, the rule holds good that the intensity and extent of the process is greatest in the upper lumbar and the dorsal portions, diminishing both upwards and downwards from these points.

NOTHNAGEL, p. 193, vol. xii.

Experimental Investigations.

The first experimental inquiries into the subject of thrombosis and embolism . . . we owe to the labours of Virchow. . . . That Pamm studied the occlusion of cerebral vessels, especially with the view of determining the manner and cause of death; that B. Cohn investigated experimentally various clinical and anatomical points; whilst Feltz treated particularly of capillary embolism. Prévost and Cotard made a series of careful experiments bearing upon the subject of the obstruction of cerebral arteries, and its relation to softening; and, finally, the important experimental and microscopic investigations of Cohnheim. . . .

Next turn to "Thrombosis of the Cerebral Sinuses," Ross, p. 518, *Ibid.*, and Nothnagel, p. 209, *Ibid.*

ROSS.

History.—Special attention was first directed to the subject of thrombosis of the cerebral sinuses by the observations of Tonnellé. Many valuable clinical observations with regard to the disease were made by Puchelt, and the attention of Lebert was also directed to it. The treatises of Von Dusch, B. Cohn, and of Lancereaux helped greatly to extend and to systematize our knowledge with respect to this thrombosis; and in more recent times our knowledge has been further increased by the labours of Gerhardt, Griesinger, Corazza, Heubner, and Huguénin.

NOTHNAGEL.

. . . The credit of having formulated it as a specific disease belongs to Tonnellé. The investigations of Puchelt did not receive the notice which they deserved; those of Lebert on inflammation of the cerebral sinuses attracted more attention, and the more recent treatises of Von Dusch, B. Cohn, and Lancereaux assured to thrombosis of the sinuses . . . and at the same time and at later periods our knowledge of the disease . . . was increased through the labours of various observers; we would refer particularly to those of Gerhardt, Griesinger, Corazza, Heubner, and Huguénin.

If the reader will compare the sections on "Etiology," he will find not only paraphrases, but entire sentences copied. The following may serve as a sample :—

Ross, p. 519.

Cohn observed a case in which suppurative phlebitis of the cavernous sinuses occurred in connection with purulent inflammation of the deep muscles of the neck.

NOTHNAGEL, p. 212.

B. Cohn observed a case in which suppurative phlebitis of the cavernous sinus occurred in connection with purulent inflammation of the deep muscles of the neck.

Every statement contained in Ross's account of the "Morbid Anatomy," on page 522-23, is contained in Nothnagel's account of the same subject, and much of it is *verbatim*. An equally close correspondence is to be discovered in the section on "Symptoms." In the chapter on "Occlusion of the Cerebral Capillaries," the opening and many subsequent sentences are appropriated.

Ross, p. 523.

Experimental investigations have shown that marked disturbances of the cerebral functions may be caused by occlusion of the cerebral capillaries. . . .

NOTHNAGEL, p. 223.

A series of experimental investigations has shown that the extensive occlusion of cerebral capillaries may give rise to even very marked disorders of the cerebral functions.

Symptoms. — The experiments of Feltz and of Prévost and Cotard show that extensive embolism of very fine particles may rapidly induce death in animals by causing diffuse anæmia of the brain.

Symptomatology, p. 227.

. . . Through the experiments of Feltz, Prévost, and Cotard, that extensive embolism of very fine particles may in animals rapidly induce death, resulting from the diffuse anæmia of the brain.

Morbid Anatomy.

Capillary occlusions are, of course, only to be detected with the microscope. Delacour says that, in cases of lime metastasis, a resistance is felt to the knife in cutting through the brain, and rough prominences may be felt on the surface with the finger.

Pathological Anatomy, p. 226.

The occlusion of the capillaries is, of course, only to be detected with the microscope. . . . In lime metastasis, according to Delacour's description, a resistance is felt to the knife in cutting through the brain . . . while on the cut surface itself small, rough prominences are to be felt with the finger.

We find the same unacknowledged appropriation of material in all parts of the work devoted to morbid anatomy, symptoms, etiology, etc. The various chapters in the volumes of *Ziemssen's Cyclopædia* devoted to diseases of the nervous system have furnished this material. Of the rest of the work, we have before indicated the sources of supply. The expressions of opinion, the names of contributors to particular questions, have alike been obtained by Dr. Ross from these works. He does now and then report a case and express his views, it is true, but his contributions to the subject-matter of the two volumes may be included in less than fifty pages. To call the work "A Treatise on the Diseases of the Nervous System by James Ross, M.D.," seems to us an assumption not warranted by the state of facts above given. In the first paragraph of the preface, Dr. Ross states that "it would be invidious to single out for special mention a few of the many authors I have had occasion to consult; I must, therefore, ask them all to accept the simple acknowledgment conveyed in the insertion of their names in the text." Invidious, truly! The authors referred to owe the insertion of their names in the text to the writers from whom Dr. Ross has appropriated it. R. B.

ART. XXXI.—*A Treatise on Human Physiology, designed for the Use of Students and Practitioners of Medicine.* By JOHN C. DALTON, M.D., Professor of Physiology and Hygiene in the College of Physicians and Surgeons, New York. Seventh edition. 8vo. pp. 722. Philadelphia: Henry C. Lea's Son & Co., 1882.

A NEW edition of this popular text-book will be heartily welcomed by teachers and students, and all the more so when they find a new issue, not only without increase in size, but with an actual reduction of nearly 100 pages. This in itself indicates that there has been a process of judicious winnowing, which a careful comparison with the last edition shows to have been admirably effected, without any material sacrifice.

The section on Physiological Chemistry—always a well-arranged and useful one—has received thorough revision. The old term proximate principle has been abandoned, and much new matter added, particularly on the ferments and albuminous substances. We miss and regret, under "Digestion," the familiar figures illustrating useful points in the comparative anatomy and physiology of this process. The recent observations of Heidenhain, Kühne, and others on the nature of gastric and pancreatic digestion have been incorporated, and there is a pleasing absence of doubtful minutiae, so confusing to the student. In discussing the coagulation of the blood no reference is made to the important part believed to be played by the colourless corpuscles, or to Buchanan's original investigations, which, as Gamgee has shown, anticipated the more recent views of Schmidt. The chapter on the circulation presents very few changes; a new cut and more extended description of the normal sphygmographic tracing would have been advantageous. Why is there no account of the physiological anatomy and histology of the kidney? We have frequently heard students and others refer with surprise to this omission. The chapters on the nervous system have been carefully revised, and the